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Persistent annular erythema of infancy

Eritema anular persistente da infância

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Keypoints

What is known

- Annular erythema of infancy is a benign, self-limiting skin condition seen in early infancy.
- It is thought to be triggered by a hypersensitivity reaction to unidentified antigens.
- Lesions typically resolve without treatment, though topical corticosteroids may help reduce inflammation, redness, and swelling in symptomatic cases.

What is added

- The lesion was located on the lower eyelid, an atypical site for this condition.
- Although the KOH test was negative and other laboratory results were normal, the clinical features were consistent with the diagnosis.
- This case underscores the chronic form of the disease and emphasizes the need for ongoing follow-up due to the potential for recurrence.

A 24-month-old male infant presented with a six-month history of a spontaneously appearing dermal lesion on the left eye. The lesion exhibited intermittent flare-ups and remissions. Despite multiple topical treatments, it persisted. Physical examination revealed an asymptomatic, slowly enlarging, erythematous, circinate plaque with raised borders located on the lower portion of the lower eyelid (Fig. 1). Potassium hydroxide (KOH) testing was negative, and all other investigations were within normal limits. Based on the clinical presentation, a diagnosis of persistent annular erythema of infancy was established. The patient was treated with topical corticosteroids, showing a favourable response; however, recurrence cannot be ruled out. Follow-up revealed partial resolution of the lesion without the development of new systemic or cutaneous findings.

Annular erythema of infancy is a benign dermatosis typically presenting within the first few months of life. It is thought to be triggered by a hypersensitivity reaction to unidentified antigens[1]. In some cases, such as the one described, a chronic variant known as *persistent annular erythema of infancy* can occur, in which lesions persist beyond the first year of life. Notably, the relatively late onset observed in our patient is atypical and further underscores the singular nature of this case. Histologically, this condition is characterized by a perivascular and interstitial inflammatory infiltrate composed of lymphocytes and histiocytes, often accompanied by eosinophils[2]. In our case, although histopathological confirmation was not performed, the clinical presentation and course were considered highly suggestive would be sufficient.

Figurate erythemas are not distinct clinical entities, but rather represent a spectrum of inflammatory skin reactions with varied morphological patterns[3]. Differentiating this condition from other causes —such as eosinophilic annular erythema, drug eruptions, or dermatophytosis— is essential. In evaluating annular or figurate eruptions in paediatric patients, clinicians should consider the timing of onset, morphology, duration, distribution, clinical

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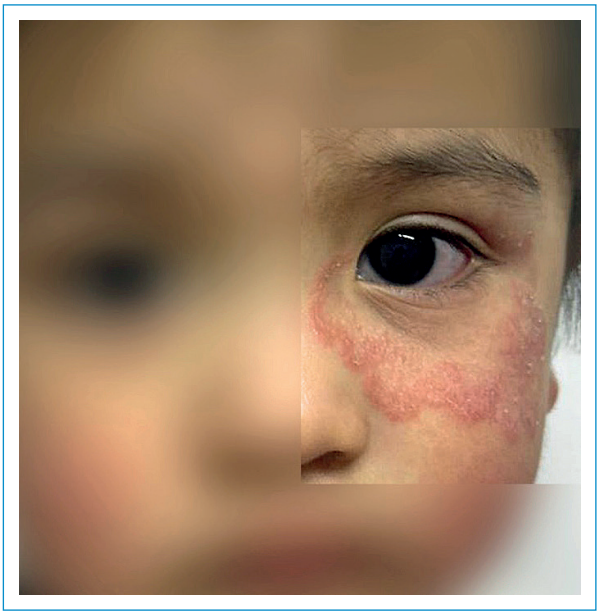

Figure 1. General appearance of the patient's circinate plaque

course, and histopathological findings to guide diagnosis and identify any potential underlying cause[4]. Although annular erythema of infancy generally resolves spontaneously and does not require treatment, topical corticosteroids may be used in selected cases to reduce erythema, edema, and pruritus.

Author contributions

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Conflicts of interest

None.

Ethical considerations

Protection of humans and animals. The authors declare that no experiments involving humans or animals were conducted for this research.

Confidentiality, informed consent, and ethical approval. The authors have followed their institution's confidentiality protocols, obtained informed consent from patients, and received approval from the Ethics Committee. The SAGER guidelines were followed according to the nature of the study.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing of this manuscript.

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